|   |                 |   |                                       |                               |                              |                  |          | Application or Docket Number |                        |         |                               |                        |  |
|---|-----------------|---|---------------------------------------|-------------------------------|------------------------------|------------------|----------|------------------------------|------------------------|---------|-------------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOR<br>Effective October 1, 2000   |                 |   |                                       |                               |                              |                  |          | 09/939373                    |                        |         |                               |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |                 |   |                                       |                               |                              |                  |          | SMALL ENTITY TYPE            |                        |         | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS  |                 |   | 21                                    |                               |                              |                  | ٢        | RATE                         | FEE                    | 1       | RATE                          | FEE                    |  |
| FOR   |                 |   | NUMBER FILED                          |                               | NUMBER EXTRA                 |                  | B/       | ASIC FEE                     | 355.00                 | OR      | BASIC FEE                     | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |                 |   | ₹ \ minus 20=                         |                               | • }                          |                  |          | X\$ 9=                       |                        | OR      | X\$18=                        | 18                     |  |
| INDEPENDENT CLAIMS  |                 |   | minus 3 =                             |                               | •                            |                  |          | X40=                         |                        | OR      | X80=                          | , a                    |  |
| MU  | TIPLE DEPEN     | DENT CLAIM PR                             | RESENT                                |                               | <del></del>                  |                  | 1        |                              |                        |         |                               |                        |  |
| • # 1   | he difference   | in column 1 is l                          | less than zero, enter "0" in column 2 |                               |                              |                  | L        | +135=                        |                        | OR      | +270=                         | 7.0                    |  |
|   |                 |   |                                       |                               |                              |                  | 1        | TOTAL                        |                        | OR      | TOTAL.                        | 758                    |  |
| ٠,  | 4/28/05         | AIMS AS A<br>(Column 1)_                  | MENDED - PART II<br>(Column 2)        |                               |                              | (Column 3)       | S        | SMALL ENTIT                  |                        | OR      | OTHER<br>SMALL I              |                        |  |
| AMENDMENT A   |                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA |          | RATE                         | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| <u>X</u>  | Total           | · 21                                      | Minus                                 | ·· d                          | 21                           | <b>.</b>         |          | X\$ 9=                       |                        | OR      | X\$18=                        | ٠.                     |  |
| ME  | Independent     | • 3                                       | Minus                                 | •••                           | 3                            | - /              |          | X40=                         |                        | OR      | X80=                          |                        |  |
| L   | FIRST PRESE     | NTATION OF MU                             | JLTIPLE DEP                           | ENDEN                         | CLAIM                        |                  | ١,       | +135=                        |                        | OR      | +270=                         |                        |  |
| Ì   | ľ               |   | •                                     |                               |                              |                  | L        | TOTAL                        |                        | OR      | TOTAL                         | •                      |  |
| 9   | 14/05           | (Column 1)                                | •                                     | (Cotu                         | mn 21                        | (Column 3)       | AD       | DIT. FEE                     |                        | 10      | ADDIT. FEE                    | •                      |  |
| AMENDMENT B   |                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVI          | IEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                         | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total           | .91                                       | Minus                                 | •                             | )                            | -                |          | X\$ 9=                       | <b>\</b>               | OR      | X\$18=                        |                        |  |
|   | Independent     | · 9                                       | Minus                                 | ***                           | 3                            | • /              |          | X40=                         |                        | OR      | X80=                          |                        |  |
|   | HHST PRESE      | NTATION OF MI                             | ULTIPLE DEP                           | FNDFN                         | ·                            |                  | י [      | +135=                        |                        | OR      | +270=                         |                        |  |
|   | •               |   |                                       | •                             |                              |                  | AD       | TOTAL<br>DIT. FEE            |                        | OR      | TOTAL<br>ADDIT. FEE           |                        |  |
| (Column 1) (Column 2) (Column 3)  |                 |   |                                       |                               |                              |                  |          |                              |                        |         |                               | 1                      |  |
| AMENDMENT.C   |                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUN<br>PREVI                  | IEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                         | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| Ş   | Total           | •   | Minus                                 | ••                            |                              | 8                | ] [ ;    | X\$ 9=                       |                        | OR      | X\$18=                        |                        |  |
| AME   | Independent     | •   | Minus                                 | •••                           |                              |                  |          | X40=                         |                        | OR      | X80=                          |                        |  |
|   |                 | NTATION OF M                              |                                       | _                             | •                            |                  | J ├─     | 135=                         |                        | OR      | +270=                         |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1. |                 |   |                                       |                               |                              |                  |          |                              |                        |         |                               |                        |  |
| 1   | The Highest Nur | nber Previously Pe                        | ud For (Total or                      | r Independ                    | lent) is the                 | highest numbe    | er lound | in the app                   | propriate box          | i pu oq | lumn 1.                       | i                      |  |